QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

St George's University Hospitals NHS Foundation Trust

Obstetrics and Gynaecology

Risk-based Review (on-site visit)

Quality Review report

17 January 2017

Final Report

Developing people for health and healthcare

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Quality Review details

<table>
<tr><td>Background to review</td><td>Health Education England had not previously reviewed Obstetrics and Gynaecology at the Trust.

The GMC national training survey (NTS) 2016 results showed a significant deterioration on the previous year's results. There were two red outliers for 'regional teaching' and 'study leave'. There were six pink outliers for 'induction', 'adequate experience', 'supportive environment', 'work load', 'educational supervision' and 'feedback'.

Health Education England had been sent communication from the previous trainees in August 2016 reporting concerns regarding:
Longstanding rota gaps
Regular cancellation of weekly and monthly teaching sessions
A lack of training opportunities within gynaecology theatres
No provision for performing elective caesarean sections
A lack of provision for gynaecological scanning
Trainees feeling unsupported by seniors
Concerns that trainees would not meet their matrix objectives due to a lack of training
The Trust responded to this letter detailing the steps they were taking to resolve the concerns and HEE decided to explore this further at the review in January 2017.</td></tr>
<tr><td>Training programme / learner group reviewed</td><td>Obstetrics and Gynaecology</td></tr>
<tr><td>Number of learners and educators from each training programme</td><td>The review team initially met with the College Tutor and Clinical Director.

The review team then met with three Trust clinical fellows (core trainee equivalents).

The review team met with five higher specialty trainees (ST3, ST5 and ST6).

Lastly, the review team met with ten educational and clinical supervisors.</td></tr>
<tr><td>Review summary and outcomes</td><td>The review team would like to thank the Trust for the well-attended sessions and organisation of the review.

The Trust was not in receipt of any immediate mandatory requirements. The review team did note one area of serious concern:
Consultants seemed passionate about training. However, HEE required the Trust to carry out a curriculum mapping process where trainees' requirements for ST3-7 competencies were to be mapped against the curriculum and were feasible to achieve. The Trust was required to complete this by the end of March 2017.
The review team found the following areas which were working well:
The trainees were working in a safe department and there were no issues with bullying and undermining.
The review team heard that the college tutor was very supportive and proactive.
The Trust grade core trainee equivalent posts had a good educational</td></tr>
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experience and they were universally positive.

- There was access to educational activity, teaching and meetings.

The review team found the following areas which required improvement:

- The Trust was required to support the O&G departmental to create a formal local faculty group in which trainees and trainers could meet to discuss any issues.
- The Trust was required to support the O&G department in accessing a room for teaching; at the time of the review the department had no seminar room and struggled to book alternative rooms for teaching.
- The department was required to work to improve the local induction as it was not adequate in preparing trainees for starting at the Trust. The review team understood that the college tutor was working with a higher trainee regarding this.
- The support for ST3 trainees on nights and weekends appeared to be lacking and the workload was exacerbated due to a lack of core level trainees. The ST3 trainees regularly undertook roles of a core level trainee not of a higher level trainee.
- The Trust was required to explore the opportunity of using the Trust grade core trainee equivalent doctors to undertake daytime weekend work.

Educational overview – summary of meeting College Tutor and Clinical Director

The review team was informed that following the Trust's decision not to have core-level trainees, the Trust had trained up their midwives and nurses to undertake roles such as taking bloods, provision of drips and triage manning. The clinical director commented that upskilling the workforce had worked well and that all labour ward decisions were now made at a higher level by a higher trainee or consultant.

The review team heard that the Trust had four ST1 equivalent clinical fellows, two working in obstetrics and two working in gynaecology to support the ward. These Trust clinical fellows received training opportunities such as attending theatre and clinics. The Trust had supported the recruitment of the clinical fellows for the next year.

The clinical director commented that the obstetrics and acute gynaecology unit ran independently from each other. The Trust had appointed clinical fellows to work within acute gynaecology until 10pm. This potentially limited access by trainees to early pregnancy management.

The review team heard that the college tutor and clinical director had asked the clinical leads to supervise trainees and take them through procedures especially within acute gynaecology. The review team heard that over the past year only one trainee requested to undertake any gynaecological scanning and the training was arranged for this trainee.

The review team asked how the department delivered the scanning as highlighted in the Royal College of Obstetrics and Gynaecology matrix curriculum. The review team heard that when the trainees arrived at the Trust they were told they could access obstetrics scanning through booking a week of study leave so that they could have a dedicated week of scanning. The college tutor commented that if this was in curriculum perhaps they needed to review this process to ensure the trainees had the basic core competencies.

The review team was informed that the daytime on-call rota was covered by a consultant and ST3-5 trainees and an ST6-7 trainee until 8pm. From 8pm a resident consultant, an ST6-7 trainee and an ST3-5 trainee would cover the rota for the night on-call. There was an acute gynaecology clinical fellow present until 10pm. The consultants were resident overnight Monday to Friday and provided 144 hours of consultant cover. The consultants were resident 9am till 8pm on weekends within obstetrics. There was a separate gynaecology on-call where the acute gynaecology clinical fellow was on-site 9am till 10pm with the gynaecology consultant on-call from home.

The Trust had 5000 deliveries a year, with 22% of these being caesarean sections and 7% emergency caesarean sections.

The clinical director stated that the trainees all had access to the gynaecology operating lists. The department was currently in the process of reviewing the operating lists to develop training specific lists which would contain reduced cases to allow optimal time for training.

The college tutor reported that she had introduced bleep-free teaching on Wednesday afternoons once a month, prepared a teaching programme for the full year, worked with management to reduce clinic sizes and with consultant agreement was supporting trainees to access the acute gynaecology unit daily and providing access to acute gynaecology theatre lists. The review team was informed that there was no seminar room within the department that could be utilised for teaching and this resulted in the department having to book other rooms and sometimes using rooms that were not adequate or suitable. The college tutor was communicating with all educational supervisors to ensure they were aware of the training programme requirements to ensure that all opportunities were considered training opportunities.

The review team heard that the department had faculty meetings following the consultants meeting where there was a discussion regarding training which the administrative senior higher trainee or deputy were invited to attended to voice concerns to the consultant body.

The college tutor reported that there had only been four exception reports from the trainees following the implementation of the new junior doctor contract. The department was working with the guardian for safe working. It was understood that the current reports related to hours and not training opportunities. The trainees all had a work schedule which was completed and personalised.

Quality Review Team			
HEE Review Lead	Mr Greg Ward, Head of London Specialty School of Obstetrics and Gynaecology	**HEE Deputy Review Lead**	Mrs Sonji Clarke, Deputy Head of London Specialty School of Obstetrics and Gynaecology
Trust Liaison Dean	Dr Anand Mehta, Trust Liaison Dean, Health Education England South London	**External Clinician**	Mrs Karen Joash, Training Programme Director, North West London
Trainee Representative	Adalina Saco, Trainee Representative	**Lay Member**	Kate Rivett, Lay Representative
Scribe	Vicky Farrimond, Learning Environment Quality Coordinator		

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
OG 1.1	**Patient safety** The review team was told that the department was safe for patients because of the consultant-led service.	
OG 1.2	**Serious incidents and professional duty of candour** The trainees reported that they knew how to use the Datix system to report serious incidents. The trainees commented that the department was proactive at presenting cases that lessons could be learned from and the cardiotocography (CTG) meeting had a collaborative approach with no blame assigned to individuals.	
OG 1.3	**Appropriate level of clinical supervision** The Trust grade core level trainees reported that there was always someone senior present to approach and support them. They commented that they never felt unsupported. The trainees reported that the consultants were all supportive, approachable and interested in training.	
OG 1.4	**Responsibilities for patient care appropriate for stage of education and training** The review team heard that the midwives did not discharge post-natal patients and this was required to be done by a doctor. This meant that there could sometimes be up to 20 patients waiting to be discharged and added to the higher trainees' workload especially on weekends. The review team heard that the junior higher trainees could spend up to four hours undertaking post-natal checks which was not a valuable training experience. The trainees commented that the majority of the Trust grade core level trainees were not as proactively involved in the care of patients to help support. The ST6-7 trainees reported that they did not have any concerns regarding dealing with acute gynaecology patients out of hours and would discuss the clinical problems with the obstetrics and gynaecology on-call consultants.	Yes, see OG1.5 below.
OG 1.5	**Rotas** The Trust grade doctors at core-level reported that they worked 9am till 5pm Monday to Friday and this was mainly ward-based clinical duties. The review team heard that the only part missing to this role was the acute exposure and that an out of hours' addition would be good, to do on-call or weekend days. The Trust grade core-level trainees felt they would be able to assist the higher trainees by discharging post-natal patients and alleviating some of their workload. The review team heard that the ST3-5 trainees struggled with the out of hours' workload because of their ward responsibilities. This limited their exposure to working on the labour ward. The trainees commented that the on-calls were within three week blocks which included seven day on-call shifts and seven night on-call shifts. The trainees then undertook four weeks of daytime shifts. Whilst on-call the trainees carried the labour ward bleep, gynaecology bleep and also took calls from the emergency department (ED). The trainees commented that due to reviewing patients within the ED they missed out on the labour ward round and would be unsure what issues there were on	Yes, see OG1.5 below

	the ward. The trainees stated that the acute gynaecology fellow left the Trust at 9pm and handed over to the on-call trainee and there were usually patients still waiting to be reviewed within ED. The review team was informed that the night on-call started at 8pm with a ward round and a handover from the labour ward team followed by a 9pm handover from the gynaecology team. The ST3-5 trainees commented that on the weekend the post-natal ward and triage took the trainees away from labour ward. The trainees did not cover gynaecology on weekend daytime as this was covered by the clinical fellow. During day on-call shifts the trainees found working with the consultant was good for developing their training. The trainees reported that there was sixteen higher trainees and registrars and then six clinical fellows. The review team heard that everyone on the ST6-7 trainee rota required gynaecology operating and three of these operating lists had been given to clinical fellows and consultants. These were benign gynaecology and gynaecology oncology lists.	
OG 1.6	**Induction** The Trust grade doctors at core level commented that they were given a tour of the department by a consultant and then taken round by a higher trainee who explained what their duties would be. They also attended the general Trust induction which was a full day. The trainees commented that the local induction was poor and provided the trainees with very little information regarding the department. The trainees felt they were very much left to find out where wards were and their main duties and roles. The trainees commented that since the change in college tutor they were creating an induction booklet in conjunction with the college tutor to improve the local induction. The trainees reported that the Trust induction was good.	Yes, see OG1.6 below

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

OG 2.1	**Effective, transparent and clearly understood educational governance systems and processes** The Trust grade doctors at core level reported that the midwives on the post-natal ward were efficient and supportive. However, within the labour ward the Trust clinical fellows felt they were often overlooked by the midwives as they would go straight to the higher trainee. The trainees felt this may be due to the fact they were a new role and not regularly on the labour ward.	

OG 2.2	**Impact of service design on learners** The Trust grade doctors at core level all reported that they would recommend their clinical fellowship. The trainees found it an excellent year of learning and better than expected. The trainees reported that the department had no seminar room and they regularly used the labour ward staff room or sometimes the otolaryngology seminar room.	Yes, see OG2.2 below
OG 2.3	**Appropriate system for raising concerns about education and training within the organisation** The trainees reported that they were able to feedback on the departmental teaching although they did not have any formal sessions where they could feedback on the department and their training posts. The trainees were unaware of any local faculty group or forum of this sort taking place within the department. The trainees did know there was a Trust-wide junior doctor forum.	Yes, see OG2.3 below
OG 2.4	**Systems to manage learners' progression** The educational supervisors met with the trainees to discuss their learning opportunities and the areas which they wanted to target to ensure they could achieve these. The review team heard that the educational supervisors should be curriculum mapping the trainees' requirements and following up to ensure that trainees were able to access the opportunities as planned.	Yes, see OG5.1 below

3. Supporting and empowering learners

HEE Quality Standards

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.

3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.

OG 3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The trainees reported that they not had experienced any bullying and undermining.	

4. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

OG 5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The trainees reported that they had to compete with fellows to access the operating lists necessary to undertake the advanced training specialist modules (ATSMs) within benign gynaecology and laparoscopy. The trainees commented that overall they were accessing the training although they felt they needed to do more operating and were trying to access other operating lists. The trainees commented that there were acute gynaecology semi-elective lists which they were usually able to send someone to, alongside the clinical fellow. The ST6-7 trainees reported that they found it harder to complete On-Site Assessment and Training (OSATs) on the labour ward, as they were rostered elsewhere during the daytime. Therefore, completion of the advanced labour ward ATSM was more challenging as they were not regularly on the labour ward. At the time of the review, there were no rota gaps and as a result, there may be more opportunities to fulfil the ATSM requirements. The review team heard that the trainees undertaking the labour ward ATSM could contact the labour ward consultant leads and attend as part of their special interest session. The consultant would then provide direct supervision. The trainees reported that the obstetrics and fetal medicine ATSM were very good. The educational supervisors reported that the trainees were less willing to take part in termination of pregnancy services which would provide the trainees with access to ultrasound scanning and the emergency operating lists currently undertaken by the clinic fellows which would also give them access to surgical treatment for ectopic pregnancies. The educational supervisors commented that they were reviewing the services within the department and how to improve trainees' access to these, especially the operating lists. However, as trainees did not regularly attend a specific consultant's operating lists it made it harder for the consultants who required more consistency of attendance. This was provided by clinical fellows.	Yes, see OG5.1 below
OG 5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** The Trust grade core-level trainees reported that they were all able to access theatre lists, labour ward, caesarean section lists and clinics. The Trust grade core level trainees were enjoying their time at the Trust and reported that it was educational and allowed them opportunities to learn and develop their skills. The review team heard that they had learned the surgical management of miscarriages with assistance, diagnostic laparoscopies, incision and drainage of abscesses, assisting on gynaecology lists and caesarean sections. The Trust grade core-level trainees reported that recently the higher trainees had been timetabled to attend elective theatre lists and when this happened they would not go to theatre although this was not yet consistent. All trainees commented that they felt the clinical fellows diluted their access to operating lists. The ST3-5 trainees reported that as there were no core trainees out of hours they regularly had to attend the emergency department (ED) and the post-natal ward, which compromised their training on labour ward management. The ST3-5 trainees reported they were all able to access clinics and had recently started attending elective caesarean lists. The review team heard that there was a CTG meeting on a lunchtime which the trainees contributed to. The trainees commented that they were not formally involved with the medical students' programme and due to the absence of core-level trainees they did not have many opportunities to teach themselves and had to seek out opportunities. The review team heard that this could make achieving the OSCE in teaching problematic.	Yes, see OG5.1 below

	The trainees all reported being able to access audits and quality improvement projects. The trainees also attended the risk meetings.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The review team commended the college tutor and the clinical director for their proactive approach in beginning to address training concerns raised by trainees in earlier communications.	College tutor	Please complete attached proforma.	

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
OG1.5	The Trust is to review the staffing on the out-of-hours rota to ensure it is not hampering trainees' access to education and training. This specifically relates to the lack of core trainees at the weekend which impacts on the ST3-5 access to labour ward training opportunities.	Please undertake a review of the out of hours and weekend activities of ST3-5s. Please analyse if this workload is appropriate for the level of training. This audit should be undertaken within two months (by April 2017) and the Trust response with associated action plans within the following month (by May 2017).	
OG1.6	The Trust is to review the departmental induction to ensure it is adequate and appropriate.	The Trust is to provide evidence of the induction agenda, booklet and attendance. Please provide feedback on the content and quality of induction from new starters.	
OG2.2	The Trust is to support the department in gaining access to conveniently located seminar room for local teaching.	Please provide evidence that this has been resolved.	
OG2.3	The Trust is to support the department in creating a local faculty group in which the learner voice can be heard.	The Trust is to provide evidence of the establishment of LFGs with terms of reference, agenda, agreed meeting dates over a year, trainee representation and minutes of the meeting. Please provide the above evidence by March 2017.	
OG5.1	The Trust is to carry out a curriculum mapping exercise where ST3-7 competency requirements are mapped against the curriculum and the training opportunities are then provided to ensure the trainee achieves the competencies.	Please carry out a curricula mapping exercise. Please ensure the generic work schedule is adapted to take into account all the training opportunities that are available in the department and that the trainees are able to	

		access these regularly. This should be introduced immediately and three months later an exception report on any missed training opportunities should be provided.	

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Greg Ward, Head of London Specialty School of Obstetrics and Gynaecology
Date:	27 February 2017

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.